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BCE

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**Blog Lesson Plan**

*Topic*: HIV/AIDS rates increase in southern Africa

*Resources*: My Fulbright blog on webpage: <http://myblog-fulbright-safrica-lesotho.blogspot.com>

Primary source of an interview with a woman living in Roma, Lesotho with AIDS and the impact it’s had on her place in her village (see below)

Top 10 Stigmas from HIV/AIDS in southern Africa

Other researched items (will be revealed in blog discussion), such as how southern African nations are addressing the issue and where they are failing

Comparison to U.S. programs that are used for Americans infected with HIV/AIDS

*Discussion Question*: **Is it the United States, or any other nation’s responsibility to intervene in international affairs regarding the health of a community, specifically the climbing rates of HIV/AIDS? Further, with this intervention, if lowering HIV/AIDS rates requires major changes in a rich, cultural tradition and understanding, is it worth the cost of loss in culture to increase sustainability measures within these communities? What other methods could be used to avoid culture loss/adjustments?**

**HIV/AIDS in Lesotho:**



[http://img1.blogblog.com/img/icon18_wrench_allbkg.png](http://www.blogger.com/rearrange?blogID=8192025105694167245&widgetType=Image&widgetId=Image2&action=editWidget)

One tragic issue I've learned a lot about, and still have much to inquire, is the unfortunate stigmas that HIV/AIDS has had on a southern African regional basis, specifically witnessed in Lesotho and South Africa. Hearing an AIDS victim speak was emotionally heart-breaking to find that once she had been tested, she was ostracized from her village community. Many women did not want her children playing with theirs and they told her she could no longer cook for her children because she would transfer HIV to her family. The repulsive fact that many villagers laughed at her for contracting the deadly virus when, in fact, many of the villagers themselves had AIDS, but were too afraid to be tested.  
  
Jannifer\* mentioned that many who had laughed at her were not tested or treated at a local clinic with their very effective ARVs and died soon after while Jannifer continued treatment. Because her ARVs were so effective in keeping her alive and somewhat functional within a community that continues to reject her, she has been called a liar and many onlookers believe that the government has paid her to lie to the community to try to convince them to be tested.

\*Name changed for privacy  
  
**Many may read this excerpt and think it ludicrous and say it's typical of a 'backward' African continent, but what one needs to recognize is how many different cultures within a region are not ready to embrace the imminent dangers, causes, effects, and methods of transfer of HIV/AIDS. It is an automatic death sentence and many believe it is simply a countdown to their death. It is a known fact that if they contract the virus, they are automatically assumed to be sexually promiscuous and that they sleep around. More women are blamed and abused for being unfaithful to their husbands if they are tested for the virus, even if their husbands are the individuals who are carriers of HIV.**

What many are not ready to embrace is that HIV can be passed from the mother to her unborn child without effective therapy and treatments. Many men, depending on the culture, have multiple wives/partners, which is a very quick way to spread HIV if one of those partners were infected. The tragic result of high %s of rape that engulf both Lesotho and South Africa needs serious attention because it is not just grown women who are raped, but young girls by the age of 8 and even young toddlers by the age of 2 with the belief that if a man infected with AIDS has sex with a virgin, he will automatically be cured.

There is a lot of work that needs to be done on a regional, even continental scale, such as empowering women to say 'no' and protecting them from continuous rape. There must be a change in mentality, educationally promoting open communication and awareness within the family structure and school systems.

Not last, but very importantly, the leadership within the nation will determine the direction of their country. It is predicted that if there is very little progress or any proactive decisions and actions taken, the society of Lesotho, specifically speaking, will cease to exist by 2045!

[http://img1.blogblog.com/img/icon18_wrench_allbkg.png](http://www.blogger.com/rearrange?blogID=8192025105694167245&widgetType=Text&widgetId=Text8&action=editWidget)

**Know Your Status!**  
"Know Your Status" is a proactive encouragement for all civilians to be tested for HIV, which began in 2006 by Former U.S. President Bill Clinton, funded by the Clinton Foundation. Although many are in desperate need of treatments and thousands still need to be tested, this active program encourages and funds Lesotho to improve high, alarming infection rates amongst its people.

**10 Effects from HIV/AIDS Stigmas**

**1. Increased # of rape victims, typically gang-raped**  
**2. Refusal/denial to be tested or treated at a local clinic in fear of death and village perceptions**  
**3. Ostracism-once an HIV victim has been tested and diagnosed, they are rejected from a culturally strong social network**  
**4. If a woman is tested and is diagnosed +, even the suggestion of using protection can deem her a victim of spousal abuse, murder, or rape**  
**5. Contracting HIV/AIDS, or even TB has become an 'insecurity joke'**   
**6. If one is diagnosed +, many wives or village community members have been accused of being sexually promiscuous and unfaithful to their partners and/or husbands**  
**7. Without taking HIV/AIDS into consideration, infected husbands with multiple partners/wives can heighten the infection rate at an incredible speed**  
**8. Women remain powerless/submissive in households and within the public spectrum. If a woman were to fight back while being raped, the result has been murder**  
**9. Infant/children rape rates remain high with the mistaken belief that if an infected man were to have sex with a virgin, he will be cured**  
**10. Increased levels of orphans who have lost both parents or their mother due to HIV/AIDS must now learn vital life skills for survival in their own upbringing, usually responsible for raising their siblings alone as well. High levels of HIV/AIDS victims remain high within village communities, but hopefully with the proactive outreach community centers and clinics will reduce misconceptions, infection rates, and even encourage many to be tested, treated, and use protection, despite some cultural beliefs/taboos that steer them into 'insecure stigmas' of this deadly virus**

*Evaluation of Project:*

Students will be evaluated on how well they address the multiple areas of each topic regarding the HIV/AIDS pandemic in southern Africa. It will be interesting to see how students interact regarding some very striking details of this pandemic in southern Africa. Their approach to cultural identity will determine their position on the value/destruction of international intervention at the expense of southern African identity.

Students will be evaluated on how well they address the question, how thoughtfully they address their fellow peers, discussing potential adjustments that must be made to improve sustainability measures in many remote villages. In addition, students will also be evaluated on the other types of researched information, the validity of it, and how they use these additional resources to strengthen their debate or argument.

This should include the following:

* What type of programs they think will work well in southern Africa, if they choose to preserve culture compared to programs the United States uses to address this deadly virus
* What type of intervention is necessary, even if it means loss of culture; is this conditional or is it ‘all or nothing?’ This needs to be determined by the student
* Initial reactions to the blog interview and the list of top 10 Stigmas
* Debate, or discuss these measures that must be taken with at least three other students
* Include at least two-three ideas of new information that has been discovered through additional research that can be incorporated throughout the discussion, running it by their fellow peers